

2011 NASHUA SUMMER Camp/Clinic REGISTRATION FORM

T-SHIRT SIZE- Youth (sm, med, lg, xl)_____ Adult (sm, med, lg, xl)_____

Child's Name _____ Date of Birth ____/____/____ Age____(AS OF CAMP DATE)

Address _____ Home # _____
Emergency# _____

Medical Problems: _____ Session(s) _____
Attending _____

Email _____
Address _____

TUITION NOT REFUNDABLE AFTER CLINIC STARTS

COSTS VARY ACCORDING TO CAMP. SEE CAMP LISTING FOR PRICING.

I understand that the Nashua Parks-Recreation Department and all those associated with the Camp Program will be absolved of all injuries or accidents incurred in the program. In the event of injury or accident the staff has my permission to administer first aid and provide the necessary medical care needed.

Parent/Guardian _____ / _____ Date: _____
(Sign Here) (Print Here)

Mail Check and Application to: Parks-Recreation Department, 100 Concord Street, Nashua, NH 03064
Please make checks payable to "City of Nashua"